

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. **10633239**  
APPLICANT(S)

FILED DATE **08-01-03**

CLAIMS						
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.	4					
TOTAL DEP.	35					
TOTAL CLAIMS	39					